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THE
CALIFORNIA HOMŒOPATH,

A Journal Devoted to the Interests of
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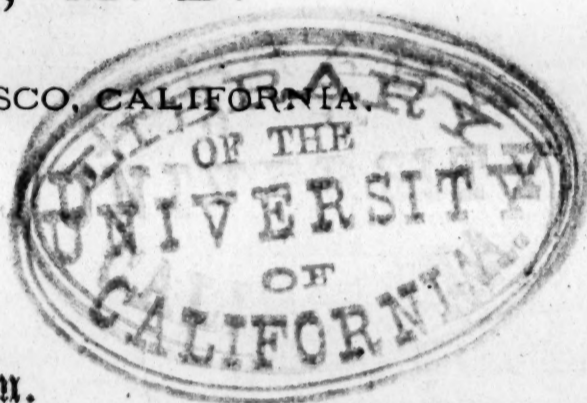
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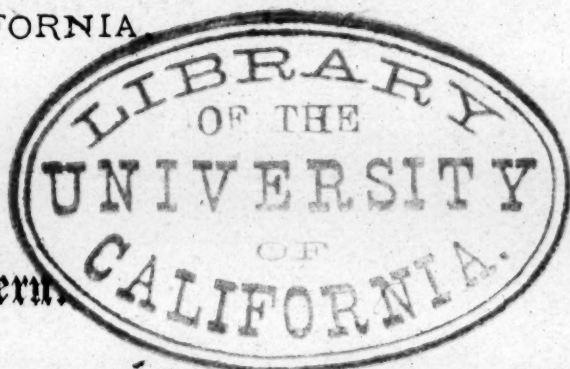
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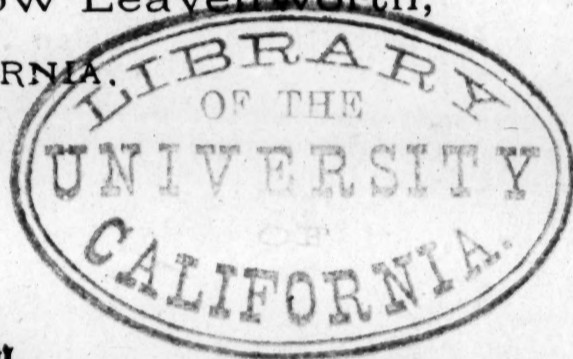
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Mr. JOHN L. LOCKWOOD, 61 Crosby Street.

NEW YORK, April 20th, 1882.

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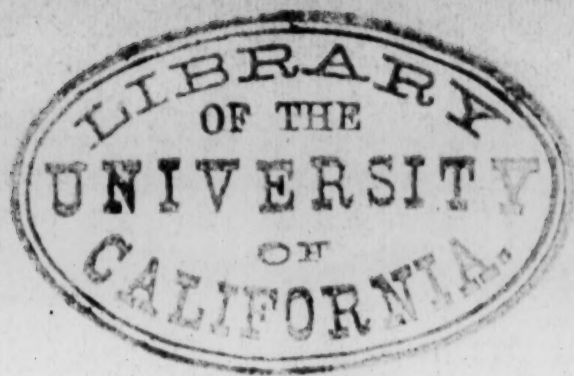
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THE
CALIFORNIA HOMŒOPATH.

A Journal Devoted to the Interests of Homœopathy
on the Pacific Coast.

EDITOR, - - - - - WM. BOERICKE, M. D.

VOL II. SAN FRANCISCO, JANUARY, 1884. No. 1.

EDITORIAL.

In commencing the second volume of the "Homœopath," we are glad to do so under so favorable auspices. The affairs of Homœopathy on this coast are increasing in importance from month to month—our members increase daily, our college is established and will begin its work shortly. Our hospital prospering—our journal enters on its second year and expresses its increased vigor by corresponding external form, more suitable for preservation. We hope that our professional brethren will continue to send us contributions, especially practical articles, illustrating the superiority of homœopathic treatment over every other method of treating disease. Our older practitioners, with their abundance of experience, have a duty to the younger members which they ought not to shirk—i. e., communicate through our pages some of the fruits of their experience. Progress in medical knowledge and accuracy in prescribing would be secured thereby. It may not flatter their vanity as much to

see their articles in print in so young and modest a journal as our own, instead of going to the larger Eastern journals, but possibly they may be lost there while here they would perform useful work and not fail of recognition and appreciation.

WE have repeatedly pointed out the weakness of our Homœopathic State Society—its pretension to completeness which it never possessed—by scattering its forces on numerous bureaux, instead of concentrating them on such as are calculated to illustrate and advance our *materia medica* and clinical medicine. None of us have time to do any *original* work in chemistry, microscopy, anatomy, etc., a field admirably filled by members of the old school, but all of us ought to do original work in the study of drugs as medicines. Until very recently all provings of drugs have come from the homœopathic school, but while we are resting on our laurels the old school and eclectics are beating us on our own ground by pursuing drug studies according to our own methods. We recommend to our State Society the adoption of a bureau of *materia medica* similar to that of the Eclectic Society in this city. For their last meeting studies of *apis*, *iris*, *jaborandi*, *ustilago*, *mango* were presented according to their general action, their physiological action on the nervous system, on the circulation, and therapeutical action and medical uses. It is only in this way that our knowledge of drug action can be increased and a *Materia Medica* established that will be an unfailing guide in treatment of disease.

THE Homœopathic Hospital of San Francisco is now under an entirely new management, the old directors having resigned, and new ones recommended by the Faculty of the Hahnemann College put in their stead. While we could not entirely sympathize with the policy of the old managers, we wish to express our appreciation of the self-sacrificing and faithful spirit that has always characterized their work for the cause. Homœopathy on this coast has had no such generous

champion since Mr. Cutting first opened the dispensary, and which he carried on until the strife in the profession made it impossible for him to exercise his generosity for us any longer, than the worthy President of the old Board, Mrs. George Hearst. Not satisfied with much personal work for the institution, she contributed very largely every month, and when the time that she chose for retirement from the management arrived, she and her co-laborers organized a *fete* in aid of the hospital which was a brilliant success in every respect. A large sum---over \$1500---was realized and turned over to the new managers. Every one in this city at all interested in homœopathy and in public charities will feel grateful to the ladies for their part in this good work. We understand and sincerely trust that Mrs. Hearst has not permanently retired from the management of the institution which owes to her so much of its vitality if not its very existence.

ONE of the first duties of the new management of the hospital was the consideration of the question of resident physician. Dr. R. H. Curtis, who had filled the position for some time and was willing to do so again for a monthly consideration of \$60.00, besides some minor matters, seemed to us the most available and fitting man for the place. But the financial condition of the hospital is such that it was not deemed advisable to enter into negotiations with Dr. C., and the matter was unfortunately really thrown out of all serious consideration, when Dr. French made a proposition to the effect that he was willing to attend until March with no expense whatever to the hospital. This was readily accepted and settles the question until that time. We believe in the principle that the laborer is worthy of his hire, and know that human nature does better work when it is paid for services rendered than otherwise; we should therefore have favored the appointment of Dr. Curtis or of any other available man with some definite remuneration, one in harmony with the financial capacities of the institution and hope that this will be done after next March.

THE GUAYMAS FEVER.

Through the kindness of Dr. Currier, and the Danish Consul of this city, we received through the United States Consulate at Guaymas, a description of this fever that has raged there during the past season. Though these more northern latitudes of ours need not fear the spread of this fever amongst us, yet it may interest our readers to obtain so directly a description of the disease, together with its treatment in its native place. At Nogales, on the Arizona and Sonora frontiers, elevation about 4,000 feet above the sea level, no case of fever appeared among the residents, though some died from among those who came from below and sought protection. So at Magdalena, about 2,100 feet above sea level, no fever there. The fatality of the disease at Guaymas has been exaggerated. In the month of September, when nearly all the population (3,500) was sick, the deaths registered according to official reports were but 144. The greatest victims were those who had been there but a short time. The old residents when attacked, nearly all recovered. Of the fifty Chinese there, *none died*. With the advent of the cool weather, the fever rapidly diminished. To some questions addressed to Drs. Mix and Spence, two old school physicians at Guaymas, regarding the symptoms and course of the fever, we received the following answer:

First—The premonitory symptoms in very mild cases, are, a general malaise yawning, stretching, chilly sensations along the vertebral column, and a slight headache, particularly over the eyes or supra orbital. In severe, or worse than even mild cases, you have the same, only that the cephalagia is more intense and vomiting of bile accompanies it. In the necessarily fatal cases the cephalagia is insupportable pains all over the body, excruciating particularly over the knees, vomiting constant, until the black vomit supervenes and then pure arterial blood, yellowness of conjunctiva, with red fiery eyes, and death by asthma, coma or convulsions, closes the scene from within four to twelve hours; four or five hours before death sores on gums, lips, and bleeding from one or both nostrils takes place, tongue very black, cracked or fissured, and flakes come off from the centre; the mind sometimes remains clear, at others it wanders; great craving for food in some, in others, intense thirst. In the worst cases the attack is sudden, generally taking place when asleep during the night.

Second—When the case is to end favorably, in very mild cases, the fever is cut short in twenty-four hours, and all progresses well, if care and diet (very strict) is observed. In more severe, from three to four days, and sometimes

eight, but, as soon as bleeding takes place from nostrils, eye yellow, tongue black, black vomit may be expected at any moment, and the patient expires within eight or twelve hours. There are exceptions of course, but very, very few.

The temperature at the outset is 99, rising rapidly to 110 and higher, falling below 98 before death but after death the body is quite hot.

In regard to preventive measures Dr. Mix mentions these rules: Keep bowels moderately open, skin moist, diet of moderate range. Keep out of the sun. Dr. Spence knows none unless it be want of fear and dread, together with moderation in all habits. The treatment pursued consisted mainly in liquid diet and this in very small quantities. Mexican physicians rub the body with dry mustard and stramonium oil, administer salts as a purgative and follow it up with 8-16 gr. quinine. No cold drinks are allowed. The American practice is as diverse as can well be wished, but it too relies on the above with baths and injections of castor oil, calomel, etc. We feel confident that the homœopathic treatment would produce results far superior to those of the old school; just as is the case in the treatment of the regular type of Yellow Fever. The same remedies that have been found curative in Yellow Fever would be so in this, and we hope that homœopaths in that region will report thereon. From the symptoms we should judge that for the premonitory stage gelsemium would cover the totality of the symptoms. The supra-orbital pain with its associate symptoms might lead to *Cedron*, as an intercurrent, a remedy indigenous in that country and hence more especially to be remembered. Bryonia, Rhus, Veratrum, Lachesis, Crotalus and carbo veg. offer indications for the different stages of the disease, and every tyro in homœopathy can apply them since they are easy to differentiate.

WE would call the attention of our readers, and especially of the physicians, to a very useful and convenient adjunct in the sick-room: A new bed-pan made of tin, which on account of its lightness and more convenient shape, is far superior to anything heretofore used for the purpose. Gynecologists recommend it highly, and our own experience has led us to adopt it in our practice.

ORIGINAL ARTICLES

THE PATHOGENESIS OF HOMŒOPATHIC REMEDIES AFFECTING THE OS-COCCYX.

BY DR J. C. RAYMOND, OAKLAND.

PRESENTED TO THE CALIFORNIA STATE HOMŒOPATHIC SOCIETY.

Agaricus. A sensation of icy coldness, close to the coccyx appears repeatedly, corrosive itching of the left side of the os-coccygis.

Allium-sativum. Simple pain in the coccyx.

Aloe. Clucking in the region of the coccyx, periodic, lasting several minutes. Pain in the coccyx as if he had fallen on it.

Alumina. Violent pain, as from a bruise, in the small of the back, and (early in the morning) in the coccyx on touching the part. Painful twitches at the points of the coccyx, in the forenoon. Gnawing pain in the coccyx, not altered by walking; relieved by stretching. Itching in the os-coccygis.

Ammonium-carb. Stinging at the coccyx preceded by itching.

Ammonium-mur. Pain of the coccyx, as from a bruise, when resting quietly; especially when slumbering.

Arnica. Bruised conditions and sensations.

Belladonna. Intensely painful sensation of cramp in the bowels—sacral region and the coccyx; he can only sit for a short time, and while sitting becomes quite stiff, and unable to rise again for pain; he cannot even lie down well; he often wakes at night because of it, and has to turn on the other side because of the violence of the pain; he cannot lie at all on the back; he is relieved chiefly by standing and walking slowly about.

Bryonia. Sticking drawing in the coccyx while walking.

Calcareo-carb. Drawing in the coccyx. Sticking pain in the coccyx.

Calcareo-caust. Tearing in the coccyx.

Calcareo-phos. Pain and aches, soreness, pressure, tearing, and shooting in the os-coccyx.

Cannabis-sat. Pressure on the coccyx as with a dull point. Pain on the left side near the coccyx in the bone, as if some hard body pressed forcibly against this part.

Cantharides. A stitch and a tearing in the coccyx; so that she was frightened; frequently repeated.

Carbo-animal. Pain in the coccyx; on touching the part it becomes burning. Cutting-drawing from the anus through the coccyx between the stools. Dragging bruised pain in the coccyx. Single jerks in the coccyx towards the bladder, which compelled him to urinate.

Carbo-veg. Pressive sore pain beneath the coccyx.

Causticum. Dull drawing pain in the region of the coccyx. Bruised pain in the coccyx; jerking pain in the coccyx.

Cicuta-vir. Tearing-jerking in the coccyx.

Cistus-can. A burning bruised pain in the coccyx.

Colchicum. Sticking pain in the region of the sacrum and coccyx.

Comocladia. Aching in the coccyx while in bed.

Drosera. Itching, stitching in the coccyx while sitting.

Equisetum. Pains very marked in the lumbar region, extending along the coccyx.

Gambogia. Repeated gnawing in the os-coccygis.

Graphites. Pain in the coccyx while urinating. Dull pain in the coccyx in the evening.

Gratiola. Pressure pain in the coccyx, after stool.

Hura Brasiliensis. Lancination from the lumbar region to the coccyx. Contractive sensation below and on the right side of the coccyx.

Iodium. A pressive pain now decreases, now increases, in the coccyx and sacrum.

Kali-bichro. Pain in the coccyx in walking in the morning, which afterwards disappeared, but returned towards evening, and was especially severe when after long sitting I rose to

urinate, when it extended into the urethra, and obliged me to bend the body forward while urinating; after half an hour it disappeared. Pain in the coccyx, immediately after rising. Pain in the coccyx with burning in the nose, at noon. Pain in the coccyx while sitting, especially distressing, lasting the whole forenoon. Pain in the coccyx aggravated by walking, and by touch; seemed to be seated in the bone. Acute pressure in the coccyx, lasting an hour in the evening.

Kali-carb. Severe gnawing in the coccyx, during rest and motion.

Kali-iod Pain in the coccyx as if she had fallen on it.

Lachesis.* Constant simple pain in the sacrum and coccyx.

Laurocerasus.—Burning in the coccyx.

Lilium Tigrinum. From the very tip of the os-coccygis a pulling upwards and forwards.

Magnesia-carb. Sudden piercing pain in the coccyx.

Mancinella. Pain in the coccyx.

Mercurius-sol. Tearing pain in the coccyx, relieved by pressure on the abdomen.

Natrum-mur. Dull, bruised pain in the coccyx, causing a sensation when touched as though he had fallen on the parts; lasted all day.

Paris-quadrifolia. Sharp pulsative stitches in the coccyx. Tearing in the coccyx, while sitting.

Petroleum. The coccyx is painful on sitting.

Phosphoricum-acidum. Fine stitches on the coccyx and sternum; itching-biting on the coccyx, above the rectum.

Phosphorus. Transient pain extending from the coccyx through the spine to the vertex, that drew the head back-

*In the second edition of Guernsey's Obstetrics is an excellent article on Coccyodynia, in which the author says of *Lachesis*: "Many years since, I cured a series of cases where all the suffering was experienced on rising from a sitting posture, when the pain was excruciating. I related this fact to the college class of students to which I was then lecturing, and it has always proved a true keynote to myself."—[EDITOR.]

ward during the start. The coccyx is painful to touch, as from an ulcer. Pain in the coccyx that impedes every motion; she can find no comfortable position; followed by painful stiffness of the nape of the neck.

Physostigma. Constrictive pain of the anterior surface of the os-coccygis, as if dysentery were coming on; since verified.

Picricum-acidum. Quite severe pain in region of coccyx, bladder, rectum and umbilicus, all vague and indefinite, wandering and shooting, caused by wind in the intestines, sharp pain for an instant, in region of base of the coccyx.

Platinum. While sitting, a sensation of numbness on the coccyx, as after a blow.

Plumbum. Violent itching on the coccyx, above the anus, relieved by scratching.

Raphanus. Sharp pain in the coccyx, acute pain as if an abscess were forming.

Rhus-tox. Drawing, jerking stitches, as with a needle, in the coccyx.

Ruta. Pain, as from a blow or fall, extending from the coccyx to the sacrum.

Sepia. Aching pain at the coccyx, just before the action of the bowels; it was intolerable, and shot across her with such severity that she had frequently to lie down and cry out.

Silicea. The coccyx is painful, as after a long carriage ride. Stinging in the os-coccygis which is also painful to pressure.

Sinapis-alba. Pain in the small of the back and coccyx, as if sprained and bruised, while urging to stool.

Tarantula. Repeated lancinating, shooting pains in the coccyx.

Tetradymite. A pressure and pain when lying; is to-day very severe in the coccyx and in the lower extremity of the right ischium, especially when sitting.

Thuya. Spasmodic drawing from the coccyx into the gen-

itals, preventing the discharge of urine. Painful drawing in the sacrum, coccyx and thighs while sitting, which after sitting a long time prevents his standing erect. Uncommonly violent stitch between the coccyx and anus, when walking. A burning rubbing on the coccyx, more while sitting than walking, with a constant feeling of coldness in the right foot, mostly in the sole. Annoyed by an itching, burning pain in the hollow between the os-coccygis, soon after waking, and lasting all day.

Veratrum-alb. Intermittent stitches in the coccyx while standing, rather itching than sticking.

Zincum. Dragging, pressing, at times pinching pain on the coccyx.

INDICATIONS—OS-COCYX.

Bruised conditions and sensations; *Arnica*.

Bruised pain in the; *Causticum*.

Burning, bruised pain in the; *Cistus-cannadensis*,

Burning in the; *Laurocerasus*,

Clucking, periodic, region of the; *Aloe*,

Contractive sensation, below and on right side of; *Hura*

Drawing in; *Calcarea-carb.*

Dragging, pressing, at times pinching pain; *Zinc*.

Itching biting; *Phosphoric-acid*.

Itching corrosive, left side of; *Agaricus*.

Itching in the; *Alumina*.

Itching stiching, while sitting; *Drosera*.

Icy coldness, sensation of near coccyx; *Agaricus*.

Jerks in the, towards the bladder; *Carbo-animalis*.

Lancinations from lumbar region to coccyx; *Hura*.

Lancinating shooting; *Tarantula*.

Numbness as after a blow, while sitting; *Platinum*.

Pain as if fallen on, *Aloe*; *Kali-iodatum*.

“ as from a bruise, when resting; *Aurum-muriaticum*.

“ as from a blow, or fall; extending to sacrum; *Ruta*.

“ aching intolerable; shooting across the bowels before stool, so severe as to cause crying; *Sepia*.

“ and aches; *Calcarea-phos*.

“ aggravated while sitting—also by walking and touch; *Kali Bichromic*.

Pain, aching while in bed; Comocladia.

- “ becomes burning, on touching the part; Carbo-animal.
- “ constricted anterior surface, Physostigna.
- “ cutting, drawing; Carbo-animal.
- “ dragging, bruised; Carbo-animal.
- “ dull in the evening; Graphites.
- “ dull drawing in the region of; Causticum.
- “ gnawing, not altered by walking; relieved by stretching; Alumina.
- “ gnawing severe; during rest, and motion; Kali-carb.
- “ impedes motion; Phosphorus.
- “ intense, violent; aggravated by sitting and lying. Relieved by standing, and walking slowly; Belladonna.
- “ in the morning after rising; Kali-bich.
- “ in the morning on waking; Kali-bich.
- “ itching, burning; Thuya.
- “ jerking; Causticum.
- “ sharp, acute, as if an abscess were forming; Raphanus.
- “ simple; Allium-sativum; Mancinella.
- “ simple, constant; Lachesis.
- “ severe after long sitting, extending into the urethra; Kali-bich.
- “ spasmodic, drawing, preventing urination; Thuya.
- “ sprained and bruised, while urging to stool; Sinapis.
- “ sticking; Calcareo-carb. Celchicum.
- “ sudden piercing, Magnesia-carb.
- “ tearing, relieved by pressure on abdomen; Mercur.
- “ very marked; extending along the; Equisetum.
- “ violent, as from a bruise, on touching the; Alumina Nat. Mur.
- “ violent stitch when walking, between coccyx and anus; Thuya.
- “ with burning in the nose; Kali-bich.
- “ when sitting; Petroleum.
- “ when urinating; Graphites.

Painful drawing while sitting; Thuya.

- “ to touch, as from an ulcer; Phosphorus.
- “ twitches, point of; Alumina.

Pressive Pain after stool in the; Gratiola.

Pressive Pain, decreasing and increasing; Iodium.

“ “ sore beneath the; Carbo-veg.

“ “ when lying, and sitting; Tetradyte.

Pressure; Calcareo-phos.

“ acute; Kali-bich.

“ as with a dull point; Cannabis-sat.

“ as if from some hard body; Cannabis-sat.

Pulling upwards and forwards. from the tip of; Lilium.

Repeated gnawing in the; Gambogia.

Stitches fine; Phosphoric-acid.

“ intermittent while standing; Veratrum-alb.

“ sharp, pulsative; Paris-quadrifolia.

Sticking, drawing in the coccyx—while walking; Bryonia.

Stitching, drawing jerks, as with a needle; Rhus-tox.

Stinging, painful to pressure; Silicea.

“ preceded by itching; Ammonium-carb.

Tearing; Calcareo-caust.; Calcareo-phos.

“ and a stitch, frequently repeated; Cantharis.

“ and shooting in the; Calcareo-phos.

“ jerking; Cicuta.

“ when sitting; Paris-quadrifolia.

THE CLIMACTERIC.

BY DR. S. WORTH.

The change of life in women is a period fraught with great danger, and much suffering to the gentler sex. And it is a matter of much surprise to me when I discover the dearth of information and the paucity of literature on this subject.

With the exception of Tilt's masterly essay, we are left almost entirely to our own individual experience for our knowledge of this most important disease. In the physiology and pathology of the disease, Tilt gives us a most interesting and profitable study. He considers that puberty and change of life are caused by anatomical changes in the same organs; the one by ovarian evolution, the other by

ovarian involution. At puberty the ovaries increase in size, become more vascular and let fall ovula, and cause menstruation.

After cessation the ovary becomes shriveled; the fallopian tubes contract, and are sometimes obliterated; the womb becomes atrophied, and the neck thinner and shorter; the ganglionic as well as the cerebro-spinal system of nerves are influenced by the ovarian changes. From puberty to the change of life this ovarian stimulus seems necessary to the health of woman. To enumerate all the symptoms of this disease would be equivalent to writing the history of medicine itself. But there are certain morbid phenomena which we will now refer to.

There may be great debility, chlorosis, great drowsiness, floodings, hysteria, leucorrhœa; a great tendency to bilious and gastro-intestinal troubles. Insanity may occur. Women who are affected through life with uterine inflammation suffer the most at this time. As we very often have diarrhœa at the menstrual period, so now we have constipation.

When we consider the wonderful power of the ganglionic system of nerves we can readily understand why Tilt considers the ovaries the cause of the offending. The reaction of the ovarian influence upon the pelvic ganglia during the *change* is certainly a powerful agent in determining changes in the functional condition of distant organs.

In this paper I simply desire to call attention to a few remedies which have stood the test of clinical experience:

Hydrocyanic Acid.—Palpitation of heart, diminished pulse and tendency to syncope, remarkable and unpleasant sensations at the epigastrium, with much weakness in the limbs, and loss of muscular power.

Actea Racemosa.—Nervousness, mental depression, suspicious, irritable mood; acute darting pains in the stomach; feeling as if top of head would fly off; headache with severe pains in the eye-balls, shooting pains in vertex, ovarian pains, pains running down both hips.

Gelsemium.—Here we find spinal and cerebral congestions, drowsiness, (Pseudo-Narcotism); excessive irritability

of mind and body, trembling and weakness; sleeplessness from nervous irritation; irregular beating of heart.

Glonoine—Flushing, redness of face which comes and goes; distinct feeling of pulse in head; giddiness.

Ignatia—This is our great nerve sedative, having in its curative range the greatest possible variety of nervous symptoms. Hysteria in all its varied forms, anxious feeling in the præcordia, belching in the pressure in cardiac region, sensation of weakness, sinking feeling in stomach, bloating; trembling of limbs, spasms.

Lachesis—The nervous action of this drug in diseases of the menopause make it pre-eminently the leading remedy for this critical time of life. We find it of great use in the mental condition of many patients; weak memory, jealous, suspicious mood; thinks she is under super-human control, loquacious, constantly changing from one subject to another.

In stomach ailments, gnawing in stomach relieved after eating; great discomfort in having clothes tight around the waist, constipation; metrorrhagia; hot flashes; attacks of suffocation; cramp-like pains in the præcordiac region; weakness of the whole body in *morning on rising*, fainting, with vertigo.

Nux Moschata.—This remedy's range of action is purely functional, of a nervous character. We have very marked a *sleepy, drowsy condition* which Tilt denominates "*Pseudo-Narcotism*;" the mental symptoms are worthy of notice. We have absence of mind; patient has to collect her thoughts slowly before speaking or answering. Head feels full as if expanding; disposition to faint—must lie down after least exertion; profuse metrorrhagia with fainting and drowsiness.

Nux Vomica.—In nervous excitable women of a bilious temperament—congestion to the head; boring pains through the head commencing in the morning, indigestion, gastralgia tension and fulness in the epigastrium—constipation; great debility; trembling; over-sensitiveness of all the senses—falling asleep of arms, hands and feet.

Platina.—In cases of insanity at change of life; mania with great pride; low spirited, inclined to weep. The

patient feels as if she would loose her senses and die soon. Physical symptoms disappear and mental symptoms appear, and vice versa. Sensation of numbness in the head, and externally in the vertex, metrorrhagia; leucorrhœa only during the day. Paralytic weakness, worse during rest; flushes of heat.

NATURE'S POWER IN SURGICAL REPAIR.

BY E. H. RUSSELL, M. D., FLORENCE, CAL.

The question often arises in the mind of the surgeon, "How much will nature do in this case?" The question is pertinent and of vital importance both to patient and surgeon. There are many injuries where solution of continuity is great and almost entire and where the knife seems to be clearly indicated, in which Nature, were she allowed every advantage would do surprising and efficient work. Of such is the following: On the evening of Nov. 5th I was hurriedly summoned to a case of which the messenger said, "the boy had cut his hand off at the wrist." Upon my arrival I found the child on a sofa surrounded by bloody bandages and being rapidly exsanguined. I immediately applied compresses over the radial and ulnar arteries and administered a good dose of whiskey. Upon inquiry I found that the patient, a bright boy of five years, had been playing near a hog-pen where a large citron was in the process of being cut up and by some means got his hand under the edge of a sharp axe. I found the hand in the following condition: a large, gaping cut extending from the head of the second metacarpal bone to lower third of the fifth. It seems that the heel of the axe entered the metacarpal bone of the index finger (2nd), nearly severing it and completely severing the third, fourth and fifth and also the palm of the hand correspondingly, the fingers being supported only by the first knuckle joint. I tried to pick up a few arteries, but failed owing to retraction; again applied the compress and sent for assistance. When my friend Dr. M. arrived we again tried to ligate but failed. We arrested what hemorrhage we could with hot water, brought the

parts as nearly in apposition as possible. applied sutures to the dorsal surface and left the palmar free for drainage, placed the hand on a splint loosely bandaged and determined to allow nature full control. Acon was exhibited. Nov. 6th my note book says the evening temperature was 102.2° , patient quiet and sleeps well; Nov. 7th evening temperature $102^{\circ}.5$. Nov. 8th temperature normal and has since remained so. Owing to slowness of collateral circulation the fingers have a tendency to get cold quickly which was obviated by warm, moist applications. The case from here progressed favorably, no secondary hemorrhage, no sloughing. At the time I write this (Nov. 25) the severed bones seem to have united firmly and the prospect for a moderately useful hand increases every day. The treatment has been antiseptic throughout.

Cases of hand and foot injuries have been classed by our surgical authorities as "vexatious," "unsatisfactory" and "dangerous."

Deficiency in collateral circulation and death of the parts gives the surgeon the greatest uneasiness. But I think that by maintaining the parts in a dependant condition supplemented by external warmth the threatened gangrene may in many cases be averted. It is certainly better to try these simple means first and wait, than to be too ready with the knife. Age and habit have a great bearing on this class of injuries. Risks that may at first look alarming may be freely taken in cases occurring in children, where the same conditions presenting in adult life would lead to operative procedure. It will be useless to look for brilliant results, where we have poor and ill-nourished constitutions to deal with, and the same may be said of the surroundings of the patient.

But even with the best care and every circumstance favorable, we may come far short of success. It is unfortunate that there are no reliable data collected by which the surgeon can be guided, showing the extent to which nature may be trusted to repair. Each surgeon must cull out for himself from his experience, data of his own, and lacking experience it would oftentimes be better to act as nature's assistant in



PHARYNGITIS.

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doubtful cases rather than by haste putting her aid aside. Such surgery has been called conservative, but it is the best kind, and Sir William McCormac in an address lately before Bellevue Hospital, struck the keynote of the spirit of modern surgery when he said "people are apt to speak of conservative surgery as if it were something apart. *All surgery is conservative in the truest and best sense.* A surgeon who is not conservative is no surgeon at all."

PHARYNGITIS.

By C. B. CURRIER, M. D.

The pharynx embraces all that portion of the throat, lying between the nasal cavity, the mouth, and the larynx; and properly considered, is divided into two cavities, known as the vault of the pharynx, or upper pharynx, comprising all that portion situate above the border of the free palate; and the lower pharynx, lying below the palate, and visible to direct inspection.

It may be briefly described as a framework, or complete investment of fibrous construction, conical in form, being wider above than below, about $4\frac{1}{2}$ inches in length in the adult.

It is continuous above with the ear, below with the larynx and oesophagus, and anteriorly with the oral and nasal cavities, and is lined throughout with mucous membrane; the structure of which varies with its position in the pharyngeal space.

It is furnished with a complex muscular layer, with blood vessels, follicles, glands, and nerves, and serves the double purpose of a passage for food and air, its functions being concerned in deglutition and respiration.

As a result of anatomical division, and based upon it, we have a nomenclature of diseased conditions of the pharyngeal mucous membrane, which is often confusing, and all the variety of cynanches and anginas wherewith our medical literature is so abundantly supplied, are but different phases

of inflammation, involving the mucous membrane, investing the pharynx, which owing to its exposed situation, and to the fact of its being an inlet for the various forms of deleterious matter which are freely present in the atmosphere under certain conditions, is very liable to become the seat of acute inflammatory conditions which are commonly classed under the generic head of "sore throat."

Pharyngitis is the proper term to apply to that form of inflammation which affects the mucous membrane lining the pharynx.

It may be confined to the lower pharynx, where it usually originates, a form where it may extend to the palate, to the pillars of the fauces, or to the uvula and tonsils; it being a rare occurrence that inflammatory action is confined to any one portion of the pharynx, its principle structures being almost universally affected in proportion as they participate in the same vascular, lymphatic or nervous distribution.

Pharyngitis may be acute or chronic, idiopathic or deuteropathic; it is peculiar to no class of age, excepting that children are perhaps more specially liable to its acute manifestations, and in them, the constitutional disturbances are generally more marked than in adults.

In mild acute forms the symptoms are often so slight and trifling as to attract but little attention. The first stages being often merely actively hyperæmic, terminating in a few days by resolution, or more or less of the superficies of the pharyngeal space, participating in the inflammatory condition, may be characterized by more severe symptoms, and while the affection is not considered as grave, it may yet be attended by manifestations of considerable annoyance and pain.

While acute cases generally yield to prompt homoeopathic treatment, if neglected, and complete resolution do not take place, there may result a tendency to repeated recurrences of the inflammatory conditions, which unchecked, may progressively develop into chronic pharyngitis, which is a chronic inflammation of the pharyngeal mucous membrane, involving the deeper layers of the membrane, and entirely perverting its normal functions.

Here, too, the initial disturbances may be so slight, and the increase in positive symptoms so gradual, that the condition may attract but little attention until its manifestations gain annoying prominence in a constantly increasing disposition to clear the throat from some foreign substance, or the voice becomes hoarse and somewhat lowered in pitch, or there is more or less of a hacking cough, connected with the inclination to clear the throat; and impairment of the voice may cause serious interruption to the performance of duty on the part of those whose occupation requires vocal effort. Chronic pharyngitis is essentially a catarrhal disease, involving morbid changes in the deeper layers of the mucous membrane; its processes of growth and nutrition become enormously exaggerated, and its functions distorted. Associated with the changes in the mucous membrane there is an alteration in the character of the secretions. At first they may be suppressed, but afterwards they are poured out in excess, and progressively cease to present their natural character of healthy mucus, and become opaque, thick and ropy, mucopurulent or actually purulent.

Not unfrequently chronic pharyngitis is a sequel of chronic nasal catarrh, due to an extension of the inflammatory process from the nasal cavity, which being continuous with the pharynx, is subject to the same diseased conditions.

Very often it is complicated with and aggravated by morbid conditions of the stomach, the continuity of the pharynx with the alimentary track, rendering it subject to the same diseased conditions, and it is a matter of common observation that dyspepsia often aggravates pharyngeal affections, which can only be cured by interference with the gastric disturbance.

Pharyngitis is frequently a mere local determination of dyscrasia, and I believe that unless there exists such special constitutional predisposition, the affection will rarely develop into a chronic form, but I also believe that where such predisposition does exist, the repeated recurrence of morbid processes, may under favorable conditions, progressively extend to the more vital portions of the respiratory track—and depending upon this possibility, is the only grav-

ity attached to the prognosis of chronic pharyngitis, most of the ordinary cases being amenable to properly indicated treatment.

THERAPEUTIC INDICATIONS—ACUTE PHARYNGITIS.

Aconite. Fever, thirst, difficulty and pain in swallowing, hoarseness, dryness and roughness of the parts.

Argentum nit. Coughing produced by raising the voice; internal soreness and rawness of the throat—worse in the morning—thick and tenacious mucus, obliging the patient to constantly hawk and clear the throat; uvula and tonsils deep red.

Belladonna. Constant dryness in the throat and desire to swallow, dysphagia, raw sore feeling, as if the throat had been scraped—more or less headache.

Baryta Carb. Stinging sensation in the throat during the act of deglutition, worse after swallowing, tenderness of the throat when touched, feeling of fulness or swelling in the throat.

Causticum. Soreness, dryness, a scraping of the throat, sensation of constriction, constant swallowing, hoarseness morning and evening, hacking cough with involuntary micturition, cough excited by expiration.

Cal. Carb. is well adapted to all cases where there is great sensitiveness to currents of air, cold, heat or sudden excitement. It is specially adapted to females and young persons who have defective assimilation, irritable glands and weak digestion, chronic hoarseness and cough provoked as if by irritation from some foreign substance lodged in the throat. Patient perspires easily and is fatigued from slight exertion.

Dulcamara. When soreness in the throat is produced by dampness or by getting wet, feeling of pressure or fulness in the throat.

Hydrastis—Smarting and rawness in the throat, pain in swallowing, constant hawking or raising of tenacious mucus, good as a local application, also applied as a gargle, 10 drops, mother tinc. to a goblet of water.

Iodine—Throat dry, with constant disposition to swallow, salivary glands enlarged, hoarseness lasting all day, constricted feeling in the throat, dry morning cough provoked by mucus.

Kali-carb—Accumulation of mucus in the throat in the morning upon awaking, great difficulty in detaching it by hawking, suitable for anæmic patients.

Kali-iod—Constant hoarseness and pain in the throat, cough with copious mucus.

Lachesis—Hoarseness with rawness and dryness of the throat, a constant disposition to swallow, dysphagia, feeling as if there were some obstruction in the throat unrelieved by swallowing, soreness of the throat on left side with pain going up into the left ear; acute cases, preceded by chill and nausea, followed by fever.

Lycopodium—Much difficulty in swallowing, even empty deglutition very painful, pain and stiffness of the neck beginning on right side, and proceeding to the left side.

Mercurius—Dryness and pain in the throat as if some foreign substance were sticking in it, causing a constant inclination to swallow, catarrhal cough with yellow ropy mucopurulent sputa; symptoms worse at night, aggravated by the warmth of bed; very useful in arresting suppuration.

Phosphorus—Hoarseness and scraping in the pharynx, worse towards night, cough excited by laughing or singing or reading aloud, dry towards night, but in the morning loose with expectoration of mucus, evening hoarseness, symptoms aggravated by going out on windy days.

THE THERAPEUTIC USES OF HOT WATER.

By WM. SIMPSON, M. D., San José.

In the thirteenth century Francis, of Assisi, wrote a hymn in which occurs this stanza: "Praised be my Lord for our sister Water, who is very serviceable unto us, and precious and clean."

From the time the first man suffered from his first ache to

the present, it is safe to say there have been fashions in remedies as in modern times; there are fashions in doctors and fashions in schools of medicine, till Elizabeth Stuart Phelps in her "Friends," makes her typical New England matron reply to the suggestion of her daughter that they might call in the homoeopathist as he was a good natured man; "I can die, but I cannot call an irregular practitioner."

That this craze for something new in therapeutics is not confined to the laity is sufficiently evidenced by the journals devoted to new remedies, and the daily, almost hourly, announcements of new discoveries in this field of research. The latest and perhaps one of the least harmful fashions that has taken possession of minds, lay and medical, is for the use of hot water, and by hot water is meant water not simply luke warm, but having a temperature of from 110 degrees to 150 degrees, or so hot that a goblet cannot be emptied at a draught, but the contents must be sipped.

The detergent qualities of water when used externally have been recognized and extolled from time immemorial, and the fact that some detergent internally was needed, had taken a strong hold of the popular mind as shown by the semi-annual dosings formerly universal, and still religiously practiced spring and fall, by no small number. The first use of hot water internally as a therapeutic agent, is claimed by, and probably belongs to, Dr. James H. Salisbury, of Cleveland, Ohio, who made a series of experiments in 1858, and has been enthusiastic in its praises from that day to this. That there are accumulations of fermented and undigested substances in the digestive tract of every dyspeptic and of every bon vivant who is on the high road to dyspepsia, no one will question, nor will it be disputed that acetic, butyric, and other acids and fermentation products often accumulate in excess. The conclusion is logical and reasonable that if these can be washed out of the stomach and intestines the processes of digestion will be aided. Some one will say, why not use cold water, will it not accomplish the same purpose? Yes and no. There are two objections to the use of cold water. First, the solvent power of cold water is not nearly so great as that of hot. Second, and this is insurmountable, cold wa-

ter in the quantities required produces colic. But, doctor, your patient objects, warm water always nauseates me and produces vomiting. Very true, sir, or madam. Warm water almost invariably excites upward peristalsis and vomiting, while hot water equally invariably excites downward peristalsis and carries off these waste products through their natural channels, and is, therefore, a most valuable and powerful adjunct in the treatment of chronic constipation. Moreover the contact of the hot fluid is often just the spur needed by stomach to stimulate by reflex action its innervation, on which so largely depends the proper amount of gastric juice in the right place at the right time, and without which digestion must be imperfect. As the primary object in the use of hot water internally is the washing of the digestive tract small quantities which would be promptly absorbed are of no effect whatever.

For the use of this as of any other remedy no arbitrary rules can be given that will always apply. Every case has an individuality about it and must be studied by itself and that physician will succeed best who best individualizes his cases, but some suggestions can be made which may be valuable.

In obstinate constipation from half a pint to a pint of hot water should be sipped slowly an hour before the first meal of the day and half an hour before retiring at night. If taken less than an hour before meals the ingestion of food before the water has passed the pyloric orifice, will often be followed by vomiting. If taken during the process of digestion the gastric juice is diluted and the digestive process impeded and harm done hence in chronic liver, kidney or lung troubles where the hot water should be used four times a day, an hour before or two hours after meals are the best times for its exhibition. How long may its use be continued? So long as it is followed by a sense of well-being. Is it safe? Can it never do harm? It is the abuse and not the use of any agent that does harm, and as excessive use of hot and cold baths may work great damage, so excessive use, not prolonged use,—mark the difference, may do harm, but it is a safe prediction that as the sipping of hot water, already

quite a popular tippie grows and spreads, the demand for stomach bitters and liver regulators will decrease. If patients object to the taste allow them to add a little milk and sugar or lemon juice or some aromatic, or better still, if they are taking a remedy give that in hot water. It is a fact worth knowing that the effect of a remedy is much more prompt in many cases when given in a hot solution, as in acute diseases where a speedy effect is desired, it is often advantageous to give the appropriate remedy in a little hot water. For vomiting when sympathetic, hot water is almost specific, and the toper who once takes his morning draught of seltzer hot will never again accept it cold. A former patient of mine in New York, who makes frequent trips to Europe, informed me that she usually succeeded in preventing seasickness for her maids by dosing them with hot water. If the hints here thrown out lead any one to the use of this valuable therapeutic agent, the purpose of this paper will be accomplished.

GRINDELIA SQUARROSA AS A SPLEEN REMEDY.—The symptoms which call for its use are pain in the left side in the region of the spleen, in front or just under the short ribs. Pain in the left side is an indication for its use, and may be the only evidence of diseased action. Usually in bad cases, it is accompanied by enlargement and tenderness of the spleen and a sallow complexion. Under its use the sense of relief is very prompt and decided. It not only acts on the spleen but influences the organs that are connected with the portal circulation. The pain in the left side does not necessarily have to be in the spleen. The remedy seems to be applicable to any pain in the left side extending as low as the hip and as high as the nipple, and may be a slight soreness, a dull aching or keen cutting pain.
Dr. J. A. Munk.

THE ABSORPTION OF WATERY SOLUTION BY THE SKIN. —
(1) Substances dissolved in water may make their way through the epidermis without producing any visible external lesion.

(2) Nevertheless, the essential conditions of such penetration appears to be a break in the epidermis where it is

prolonged into hair streaks, and along the included portions of the hairs themselves.

(3) In fact, according to our observations, this penetration takes place exclusively in hairy parts.

(4) It is promoted by whatever causes the hair to be pulled about, as for instance, friction with the moist or dry hand, or unusual size, stiffness and length of hairs.

(5) A delicate integument and thin cuticle afford unfavorable conditions, on account of the less vigorous growth of hair on parts thus endured. Total absence of hair is likewise a condition eminently unfavorable to absorption.

(6) Hence we may infer the possibility of introducing soluble substances into the circulation by causing them to penetrate the epidermis in small quantities, either with or without the aid of baths. To affect this, friction with the palm of the hand would have to be applied forcibly over a large surface, and especially when the skin is hairy. The only possible unpleasant effects would be a moderate degree of inflammation manifested in little redness and smarting about the roots of the hairs.

(7) Simple immersion in a bath, however prolonged, could not be relied on to effect the entrance of even the smallest quantity of a solution through the skin.—*Aubert Annals de Derm. et de Syph.*, Nov. 25, 1882.

PERSONAL NOTES.

MARRIED, in San Francisco, November 6th, by the Rev. Jos. WORCESTER of the New Jerusalem Church, DR. WILLIAM BORRICKE and KATE WORCESTER FAY, daughter of CALEB T. FAY, Esq.

DR. J. B. McMAHAN writes that Santa Cruz is an excellent opening for a good Homœopath. The doctor has settled in Oakland, and we wish him all the success he deserves.

COLUSA AND HOLLISTER offer a field for a good Homœopathic physician, also Susanville, Lassen County, Cal.

DR. E. S. HAYWARD has settled at Sonoma, Cal. Dr. H. is a graduate of the New York College and will do our school credit.

OUR friend DR. N. R. BARBOUR has located at Lockeford, Cal., where he has entered into partnership with DR. C. S. SARGENT. They do an immense business and are converting the whole country to Homœopathy by their success. Poor place for old-school practitioners.

MRS. J. S. WALLACE, of La Connor, W. T., writes that there is a good field for a Homœopath there, as the place contains many Homœopathic families and but two old-school physicians, one of whom is so many sided in his talents that he unites in his person the functions of a preacher, a teacher, a lawyer and a doctor. Some enterprising Homœopath ought to go to La Conner and help the poor natives out of their affliction.

DR. E. H. RUSSEEL represents our school at Florence, Cal., and he writes us that he meets with success and recognition. We are glad to welcome him as one of our contributors.

DR. PALMER has removed his residence to 425 Geary Street.

DR. BOERICKE has removed his residence to the Palace hotel, but retains the office of Drs. Ingerson & Boericke, No. 323 Geary Street. Hours at 9 A. M., 4-6 P. M., and 7-8 P. M.

DR. H. R. CHESBRO has changed his location from Hebron, Illinois, to Gilroy, Cal., and is now a partner of Dr. Bryant, of that place. We hope the new firm will do well, and occasionally report cases through our columns.

DR. M. P. CHAMBERLIN has opened an office at 122 E Fifth Street, Los Angeles, Cal.

DR. S. G. TUCKER, formerly of Oakland, has settled at Honolulu, H. I.

OBITUARY—JOHN F. GEARY, M. D.

On the evening of October 3d, 1883, Dr. John F. Geary, of Oakland, Cal., died suddenly of disease of the heart. The following notice of the deceased is from the *Oakland Daily Evening Tribune*, of October 4th:

"The report circulated last evening of the death of Dr. J. F. Geary, a prominent physician of this city, was a great shock to the community, many of whom had seen him on Broadway half an hour previous to his death. Though suffering for some time past from a derangement of the heart, he has attended to his office practice with his usual regularity, and was at his consulting rooms until half-past four, when he left in the street car for his residence, where he found patients awaiting him. He seated himself to converse, and almost immediately began gasping for breath, and expired in a few moments. Dr. Geary was born in Ireland in 1814, and educated in England. In 1852 he went to Philadelphia, where he graduated at the Homœopathic Medical College. In 1862 he came to San Francisco, where he for many years commanded a large and lucrative practice. Four years ago, intending to retire, he established himself in his beautiful home at Marathon Park, near Temescal, but the habits of a lifetime could not be set aside, and he again resumed his practice, and died, as was his wish, attending to the suffering. Dr. Geary leaves a wife and two children, a daughter (Mrs. W. G. Pearse, of Oakland), and a son who resides at Merced. Besides these, his only relatives in America, he leaves a host of sorrowing friends. His ready wit, combined with a memory so accurate that he was able to carry a library of English poets in his brain, and his quick promptings of chivalric courtesy, which marked the fine old English gentleman of the last generation, and above all, his ardent impulses and generosity, which made him champion a friend's cause as his own, endeared him to all whose good fortune it was to know him well."

NEW PUBLICATIONS.

Notes From Sick Rooms. By MRS. LESLIE STEPHEN. London: Smith, Elder & Co.

This is a useful little volume, being notes from abundance of experience, both as a nurse and a patient. The author wishes to point out how some of the many disagreeable circumstances attendant upon illness may be diminished or removed, and we think she has been very successful in doing so. Both physicians and patients, as well as all who ever have the care of the sick, and we are all among such, would do well to read and re-read these practical notes by an intelligent and cultivated lady and experienced nurse.

Headaches and their Concomitant Symptoms. By J. C. KING, M. D.

This timely monograph by Dr. King, is a priceless gem to the Homœopathician who desires to treat his cases according to the best interpretation of the Law of Cure, instead of merely according to pathological theories. It is a book in the direction of pure homœopathy, and ranks with Bell's masterly essay on Diarrhoea, as a most excellent aid to accurate prescribing. Homœopathy possesses in its Materia Medica the means of curing most all types of headaches, but it requires much patience and perseverance to find the proper remedy. King's little volume is a valuable contribution to the literature of the subject, besides being an admirable compendium of the symptomatology of homœopathic remedies acting upon the head and nervous system.

Constipation. By H. BERNARD, M. D. Translated and revised from the second Belgian Edition; with additions and clinical cases from American sources, by T. M. STRONG, M. D., 12 mo ; 192 pages.

The subject of treatment is divided into three parts: The hygienic and accessory preventive treatment. The Homœopathic treatment proper, which is arranged upon the admirable plan of BELL on diarrhoea, with the addition of carefully selected clinical cases, throwing light on the action of the drug. Palliative and surgical treatment. The work appears well and carefully done and will afford valuable aid in prescribing for what is often one of the most annoying conditions that a physician is called upon to treat, and where the temptation for empirical treatment is almost irresistible. Though not as exhaustive as the classical work of EPPS', it is more practical and better adapted to the needs of the busy practitioner.

The Texas Homœopathic Pellet. C. E. FISHER, M. D., Editor.

This is a medical missionary journal, devoted to the interests of homœopathy in the south. Written mainly for lay men by men strong and intelligent in the faith, it will not fail to make converts to the system, both there and elsewhere. There is an aggressive air about the young journal that may be very wholesome and needful, and we like it and feel confident it is performing good work for our school—our best wishes for its continued success.

California Medical Journal. A monthly devoted to the advancement of medicine, surgery and the collateral sciences. Edited by Drs. F. CORNWALL and H. T. WEBSTER. Vol. IV.

We wish to compliment our brethren of the Eclectic school on their success in carrying on a medical journal, and we can but imitate many of their methods. We have been pleased to note a constantly increasing value and dignity of the articles with each succeeding number, and are glad to see so much very acceptable homœopathy taught by our brethren. Every number brings out homœopathic remedies with indications according to the law of cure, and we notice that their society has a bureau of materia medica, organized so as to enable it to turn out work wholly impossible to us under our present cumbersome array of bureaus on every conceivable subject.

We hope every homœopathic physician will subscribe to this organ of the Eclectic school, if only to see how general is the acceptance of homœopathy among them, and since every one not against us is for us, we recognize in the *California Medical Journal* a champion of medical freedom against the bigotry and exclusiveness of the old school, and wish to give it our practical support.—Success to you in your new volume.

Burt, W. H., M.D. Clinical Companion to "The Physiological Materia Medica," being a compendium of diseases, their homœopathic and accessory treatment, with valuable tables and practical hints on etiology, pathology, hygiene, etc. Chicago: Gross & Delbridge, 12mo; 252 p.; cl.

Burt, W. H. A Physiological Materia Medica, containing all that is known of the physiological action of our remedies, their characteristic indications, and their pharmacology. 3d enlarged edition, 979 p, 8vo.

Franklin, E. C., M.D. A Manual of Venereal Diseases; being a condensed description of those affections and their homœopathic treatment. Chicago: Gross & Delbridge, 8vo, 111 p.

Uterine Therapeutics. By H. MINTON, M. D., Editor of the *Homœopathic Journal of Obstetrics and Diseases of Women and Children*. One vol, 8vo; 700 p.

Buffum, J. H. A Practical Treatise on the Medical and Surgical Treatment of the Diseases and Injuries of the Eye. 450 p, il. and 25 col. lithographs, 8vo, \$4.50.

Witthaus, R. A. The Medical Student's Manual of Chemistry. 370 p. 8vo.

Fothergill, J. Milner. The Physiological Factor in Diagnosis. 256 p. 8vo.

Ringer, Sidney. Hand-book of Therapeutics. 10th ed. 688 p. 8vo. leath

Leavitt, Sheldon. The Science and Art of Obstetrics. 659 p, 8vo, 265.

Wilder, Burt G. Health Notes for Students. 66 p. 24mo.

B. F. Underwood. Diseases of Children. 216 p. 8 mo.

Kippax, J. R. Lectures on Fevers. 460 p. 8vo. il.

Popular Department.

WHOOPIING COUGH.

Now here is a cough that has taxed the ingenuity of physicians, the patience of parents, and the stamina of sufferers, more than any of the semi-dangerous coughs I am acquainted with. Short monographs have been written on the subject, long volumes have gone forth from the press, but neither the short essays on this great subject, nor the longer and more learned disquisitions, have at present done very much to throw light on the obscure pathology of this affection, or to give the world some choice medicines that may fairly lay claim to the title of specifics. Some great authors consider that the bronchial glands are affected, and by their enlargement press on the nerves that supply the neck and windpipe, and so give rise to the paroxsym. When we consider that whooping cough may arise in patients whose bronchial glands are perfectly healthy, and that it is of a highly infectious character, we can set aside this theory without much regret. Other authors equally as great have of late years traced the origin of this cough to the presence of a fungous parasite, and have found beneath the tongue, near the frænum linguæ, small ulcers, and in the ulcer minute parasitic growths. To our thinking this theory is most plausible, if we only consider how rapidly infectious is the poison that gives rise to a cough of some six weeks' or three months' duration.

A child suffering from whooping cough has merely to indulge in a single charming paroxysm in the presence of a healthy playmate, and the playmate is then and there infected.

Some three years ago I was staying at Margate, that romantic seaside resort for overworked Londoners and their pallid offspring, and had occasion to see an unusually severe case of whooping cough, which was not improved by the fine

sea breeze that blows round the Isle of Thanet, and which gave rise to a neat little epidemic of this affection. The afflicted child used to be taken down to the sands in fine weather, and as the spot chosen, just below the Cliftonville Baths, was one favored by an overshadowing cliff, a small breakwater bordered by still pools of water, and sands of inviting softness, it was the haunt of children and their attendant nursemaids.

Amongst the visitors to this charmed spot was one little boy, of about five years of age, an interesting child in many respects, but he whooped; at first it was a flurtive sort of whoop, as though he were ashamed of it in the presence of so many happy playmates, and such fine accessories of shadowing cliff and shelving sands, that little heed was paid to this note of warning by children or nursemaids; the former were too busy with their sand castles and engineering exploits, and the latter were hemming stockings or reading the "Family Herald," or lost in deep thought over a tale of blood in the thrilling pages of the "London Journal;" but after a while the whoop one day became a paroxysm; murder will out, and there was a feeling of distrust in that interesting boy. However, shortly after he went back with his parents to his native air of London, and his whoop and very existence were soon forgotten—for a while only. The sequel is interesting, so we will devote a few lines to its narration, and if murder is only hinted at in the first volume, the trial and execution are completed in the third.

A patient of mine from Maidstone was staying at Margate when this afflicted boy was there. She was accompanied by two nice little children, an accomplished sister, and the inevitable nurse. Nice little children, accomplished sister, nurse, and herself all visited the haunt beneath the cliff, all breathed the same air as the whooping boy, all heard, but perhaps heeded not his paroxysm, and all except the favored nurse, caught the subtle poison and made life and mealtime a burden to them for a month or six weeks. Furthermore, the father of this patient caught the infection, and coughed as energetically as his daughters and his grandchildren.

This little episode will serve to show with what cheerful

readiness the whooping-cough parasite, if there is such a thing, will spread and multiply on a favorable soil.

If, then, any of my readers take their little ones down to the salubrious Margate, Ramsgate, or Broadstairs, it will be wiser to keep their children away from any favorite playgrounds or resting places on the sands, for where children are apt to congregate, there the poison of whooping cough may lurk.

We learn from Aitken, in his *Practice of Medicine*, the following bit of instructive history in reference to the contagiousness of this troublesome affection. "Whooping cough was some years ago introduced into St. Helena, where it proved very fatal. The captain of a ship, having some children labouring under the disease on board, allowed their dirty linen to be sent on shore to be washed, and so introduced the disease among the inhabitants."

Now to come to the actual symptoms of this disease. What are they?

The beginning of the story is a common cold, with sneezing, the familiar "Tisho" playing its early part in the drama, chills and feverishness and general discomfort being present at the rising of the curtain. This first act, like all first acts, is the most uninteresting and the least suggestive, and for this very reason is often unheeded or yawned over, or taken lightly, or accepted with resignation, according to the various temperaments of fond mother or watchful nurse. This act may be allowed to represent a period of some seven to ten days, more or less, according to the character of the affection and the constitution of the child.

Act the Second.—The curtain rises on a nursery; time, forenoon; children at play, with more or less amiability; little Willie suddenly stops in his play and begins to cough; he continues to cough, he gets red in the face, he is observed by his playmates, they leave off quarreling for a minute, his cough and breathing are so embarrassed that he is actually noticed by the nurse; Willie turns redder still in the face, he is choking, nurse runs up and pats him on the back with the familiar exclamation of "Lawks, master Willie," and a question as to his having swallowed anything. Master

Willie has swallowed nothing, but, to the relief of patient and nurse, there is a tremendous effort at taking breath, and the significant whoop that follows explains the situation. Mamma is sent for, and she stays in the nursery long enough to witness another scene of impending asphyxia, and to know to her cost that the latest visitor in her house is the whooping cough.

This cough is of all the most markedly paroxysmal, and the most distressing; cough follows cough, very little phlegm is at first expelled, the breathing is embarrassed, the face gets red and puffy, the eyes are swollen and fill with tears, and seem ready to start out of the little sufferer's head, and then comes the whoop and with it the relief, for air has entered into the lungs, and the bronchial tubes have thrown off a quantity of thick, ropy phlegm, or the stomach has ejected its contents.

Now this act the second is the most characteristic, and the third act is only a modification of the second, as we see our patient progressing either to recovery or wavering between recovery and fresh attacks.

We do not often have to record a death from this affection, at least under homœopathic treatment, except in the case of very delicate children, where there has been a tendency to convulsions or pneumonia.

The cough will undoubtedly hang about for weeks, and will at times show the greatest contempt and defiance for all sorts of treatment, however careful the drug selection may have been and however judicious the hygienic measures that have been adopted.

Together with the cough there is often great weakness of the digestion, the little patients losing their appetites, and becoming "picksome," as the nurses phrase it. No wonder, when the stomach gets daily irritated by the efforts to cough and to breathe under difficulties. With delicate children this is a symptom that requires watching, for extreme and dangerous weakness will come on at times in the progress of a tedious case of whooping cough. Again, the tendency to convulsions must be guarded against by giving those medicines at intervals which relieve congestion of the head.

The third stage, then, of whooping cough is one in which we get the characteristic whoop; we get attacks of vomiting, we get dyspeptic symptoms, prostration, lung affections, and convulsions—it is then a troublesome stage, if matters go from bad to worse. It is a hopeful stage, when matters begin to mend; and knowing as we do that this kind of cough will run a certain course, in spite of the happiest mode of treatment, we feel hopeful of recovery when four, five, or six weeks have passed by. We know that the cough has a tendency to wear itself out, if it does not wear the patient out, and therefore we look upon the third stage with a hopeful eye, for we feel that the worst will soon be over; and, indeed, it is but natural for fond mothers, with all their anxieties, to look hopefully on whooping cough, teething, measles, and the windy spasms; so they set aside all probable mischief, and only think of the time when their little ones can be at play in the green fields of Surrey or on the yellow sands of Kent, and when all chances of ruining the drawing-room carpets can be reduced to a minimum.

The medicinal treatment of whooping cough by our friends of the opposition is as varied as it is useless; expectorants, emetics, palliatives when the cough is troublesome, and the usual *Quinine* and *Iron* as “a tonic,” whatever they may mean.

By the way, there is a beautiful simplicity about that word “tonic;” it is the Asia Minor or Fool’s Paradise of medical men in doubt. A patient seeks advice—perhaps he is suffering from Bright’s disease; the advice given, after a little tongue-inspection and pulse-observation is, “My dear sir, you require a tonic,” and the advice-giver writes a prescription where the mystic fragments *Ferri.-Carb.-Sach.*, *Ammoniae Sesqui Carb.* appear, with perhaps a *Quinia-Sulph.* tossed in with a flirt of the pen, all looking, with the drachms of medicine against the ounces of water, like a bill that will never add up fairly; it is certainly a receipted bill, for there in a corner is the prescriber’s signature, an artistic but illegible monogram.—[*Hom. World.*]

The homœopathic treatment for this affection will appear in our next number.

NINETY-NINE per cent. of the bottles out of which children are fed are offensive from the odor of the decomposed milk, which adheres about the cork, tube or teat through which the children suck; and in the bottle itself rings of adherent putrefying milk mark, as tide lines how much the child has taken at a meal. Dr. R. D. Fox, says that the use and abuse of the baby's bottle would be a fit subject for inquiry by our local Sanitary Association; and assisted by its lady members, might it not devote some of its energy to a teaching crusade among the women in the poorer districts of the town.

WART CURE.—Bandage the wart with flannel and soft green soap—after a few applications it becomes soft and can be easily removed.

A FEW years ago the Editors of the *N. Y. Medical Times* dropped from the title of their journal the distinctive title, "Homœopathic." Now they boldly urge the renunciation of the word as applied to our school of medicine. If we are emancipated from the thralldom of *sect* we shall not only save our school from imminent dissolution, but shall also become an integral part of the medical profession of the day, honored as true, broad, liberal, progressive physicians. But if we cling to a name which by no means represents the catholicity and spirit of the new school, we are doomed to annihilation; and more, we become the common enemy of all Allopaths, and also of all progressive Homœopaths. The neutral ground upon which a lasting truce is to be consummated is the common acceptance of the dual action of drugs. No one denies that ipecac in one dose will vomit, and in another will allay vomiting; therefore no one will contend with another if only this plain truth is adopted as the universal motto of the medical profession. (*Hahnemann Monthly.*)